

CITY OF MOUNTAIN VIEW

Community Development Department • Building Inspection Division 500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540 • (650) 903-6313 • FAX (650) 903-6474

BUILDING INSPECTION DIVISION PERMIT APPLICATION

Address of Work/S	Site				Unit/Apt.		PC No. (O	ffice Use)
APPLICANT				OWNER OF PROPERTY				
Name/Company		_		Name				
Address				Address				
City	S	tate Z	ip	City			State	Zip
Contact (Name)				Contact	(Name)			
Area Code	Phone			Area Co	ode l	Phone		
<u>CONTRACTOR</u>				ARCHITECT/DESIGNER				
Name/Company		State Contr.	License	Name/C	lompany			
Address				Address				
City	S	tate Z	ip	City			State	Zip
Contact (Name)				Contact (Name)				
Area Code	Phone			Area Co	ode l	Phone		
Constr. Type (Office Use)	Occup. Group (Office Use)	Use Code (Office Use)	Square Ft. Improvement		Construction Co Labor & Materi			
DESCRIBE TYPE OF CONSTRUCTION:								



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